

L11000/21723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

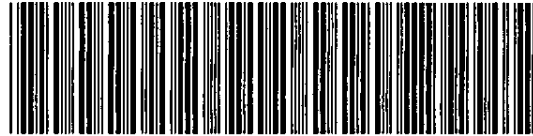
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2012 MAR - 5 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Warde LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabiola Nagel Lecona
Name of Person

Firm/Company

770 Cloughton Island Dr., Unit 705
Address

Miami, Florida 33131
City/State and Zip Code

Jleder@Nautiluslegal.com
E-mail address: (to be used for future annual report notification)

2012 MAR -5 AM 4:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jonathan Leder at (305) 514 0600, Ext.: 6
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/25/2011 and assigned
Florida document number L11000121723.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 MAR -5 AM 10:10
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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nautilus Legal Services P.A.

New Registered Office Address:

1200 Brickell Av Suite 1950
Enter Florida street address

Miami, Florida 33131
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jonathan Leder (Jonathan Leder)
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Wayne	1225 SW, 87 th Street Miami, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Fabiola Nagel Lecuna	770 Cloughton Island Dr unit 705, Miami, FL, 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Fabiola Nagel Lecuna	770 Cloughton Island Dr, unit 705, Miami, FL, 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Guillermina V. Lecuna	770 Cloughton Island Dr, unit 705, Miami, FL, 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2012 MAR -5 AM 11:49

FILED

Dated March Two (02), 2012.

Signature of a member or authorized representative of a member

Fabiola Nagel Lecuna
Typed or printed name of signee